

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0671364 AB

DOCUMENT # F01000005430

1. Entity Name
CADENCE DESIGN FOUNDRY, INC.



FILED

03 APR 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
555 RIVER OAKS PARKWAY, BLDG. 4
SAN JOSE CA 95134

Mailing Address
13221 SW 68TH PARKWAY
SUITE 200
PORTLAND OR 97223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 77-0573594

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BELL, DUANE W	
STREET ADDRESS	555 RIVER OAKS PARKWAY, BLDG. 4	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BINGHAM, H. RAYMOND	
STREET ADDRESS	2655 SEELY AVE., BLDG 5	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRIS, RONALD R	
STREET ADDRESS	2655 SEELY AVE. BLDG 5	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, BRENT	
STREET ADDRESS	555 RIVER OAKS PARKWAY, BLDG. 4	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Porter	
STREET ADDRESS	2655 Seely Avenue, Bldg 5	
CITY-ST-ZIP	San Jose CA 95134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R.L. Smith McKeithen	
STREET ADDRESS	2655 Seely Avenue, Bldg 5	
CITY-ST-ZIP	San Jose CA 95134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Eldredge	
STREET ADDRESS	2655 Seely Avenue, Bldg 5	
CITY-ST-ZIP	San Jose CA 95134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.L. Smith McKeithen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

Daytime Phone #

CR2E034 (10/02)